

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. DOROTHY PANZA**

Mailing Address 3600 N FEDERAL HWY

City	State	Zip Code
FORT LAUDERDALE	FL	33308-6217

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
PANZA & PANZA

Occupation  
ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.138283**

Date of Receipt

**08 / 18 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

**B. Full Name (Last, First, Middle Initial)**

**MR. THOMAS F. PANZA**

Mailing Address 3600 N FEDERAL HWY  
FL 3

City	State	Zip Code
FORT LAUDERDALE	FL	33308-6217

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
PANZA, MAURER, MAYNARD PA

Occupation  
ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.138265**

Date of Receipt

**08 / 18 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

**C. Full Name (Last, First, Middle Initial)**

**MS. SHIRLEY NYMAN PAPE**

Mailing Address 3550 SW BOND AVE  
UNIT 2501

City	State	Zip Code
PORTLAND	OR	97239-4728

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

**Transaction ID : SA17.123883**

Date of Receipt

**07 / 09 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

400.00

**Subtotal Of Receipts This Page (optional)**.....

5800.00

**Total This Period (last page this line number only)**.....